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TYPE NO \$1330 \$300 \$1630 10/04/2004 nonprovisional **EXAMINER** ART UNIT **CLASS-SUBCLASS** 378-098900 KIKNADZE, IRAKLI 2882 1. Change of correspondence address or indication of "Fee Address" (37. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or I CANTOR COLBURN LLP agents OR, alternatively, (2) the name of a single ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent XX"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. 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